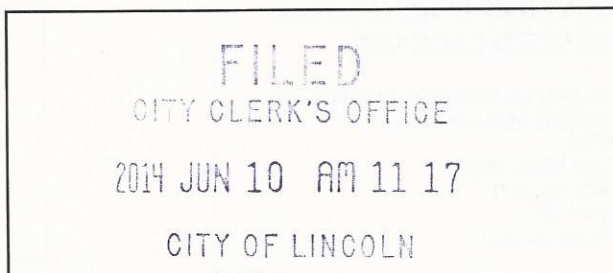


**APPLICATION FOR SPECIAL
DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/



DO YOU NEED POSTERS? YES ☐ NO ☒

RETAIL LICENSE HOLDERS ☒

NON PROFIT APPLICANTS ☐

Non Profit Status (check one that best applies)

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed: Beer ☐ Wine ☒ Distilled Spirits ☐

2. Liquor license number and class (i.e. C-55441)
(If you're a nonprofit organization leave blank)

YK 36431

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)

NAME: James Arthur Vineyards

ADDRESS: 2001 W. Raymond Rd

CITY Raymond ZIP 68428

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME James Arthur Vineyards Tasting Room

ADDRESS: 803 Q St CITY Lincoln

ZIP 68508 COUNTY and COUNTY # Lancaster/2

a. Is this location within the city/village limits?

YES ☒ NO ☐

b. Is this location within the 150' of church, school, hospital or home
for aged/indigent or for veterans and/or wives?

YES ☐ NO ☒

c. Is this location within 300' of any university or college campus?

YES ☐ NO ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date July 11, 2014	Date July 12, 2014	Date July 13, 2014	Date	Date	Date
Hours	Hours	Hours	Hours	Hours	Hours
From 10 AM	From 9 AM	From 12 PM	From	From	From
To 9 PM	To 9 PM	To 6 PM	To	To	To

a. Alternate date: _____

b. Alternate location: _____
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☐ Fund Raiser ☐ Beer Garden ☒ Sampling/Tasting

Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 12' x 80'

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

** please see attached*

If outdoor area, how will premises be enclosed?

x Fence; _____ snow fence ☐ chain link ☐ cattle panel
_____ other _____
_____ Tent

8. How many attendees do you expect at event? 100-150

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Wine can only be purchased inside the building, which does hold a liquor license, where cutomers will be ID'd

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. **Retailer:** Will you be purchasing your alcohol from a wholesaler? YES ___ NO X
Non-Profit: Where will you be purchasing your alcohol?

Wholesaler ___ Retailer ___ Both ___ BYO ___
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒

If so, describe activity _____

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions: _____

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor Julie Zielinski

Signature of Event Supervisor Julie Zielinski

Event Supervisor phone: Before 402-525-8342 During same
Email address jrz456@hotmail.com

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign
here

James M. Ballard
Authorized Representative/Applicant

owner

06.06.14

Title

Date

James M. Ballard
Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SUPPLEMENTAL FORM

REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	<u>JAMES ARTHUR VINEYARDS TASTING ROOM - GRAND OPENING</u>		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	<u>July 11, 12, 13</u>	Hours:	<u>11th - 10A-9P, 12th 9A-9P, 13th 12-6P</u>
Alternate Date(s):		Hours:	

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: people will purchase wine from inside building (which is licensed) and will be 18'd at that time.

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: sausage, cheese, bread and other appetizers, all from a caterer

Will non-alcoholic beverages be served: ☒ Yes ☐ No
If yes, please list non-alcoholic beverages to be served: soda, water and coffee

Who will serve the beverages containing alcohol? Jim Ballard, Julie Zielinski, Beau Ballard
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____

Jim Ballard
Applicant's Signature

06.09.14
Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (_____ ' x _____ ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (_____ x _____)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

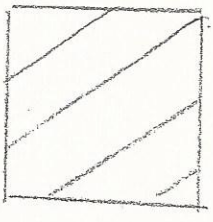
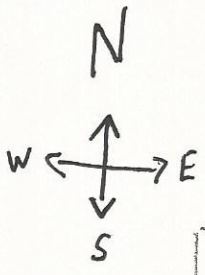
Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

** please see attached drawing*

ATTACH EXTRA PAGES IF NECESSARY

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.
This applies to nonprofit corporations as well.

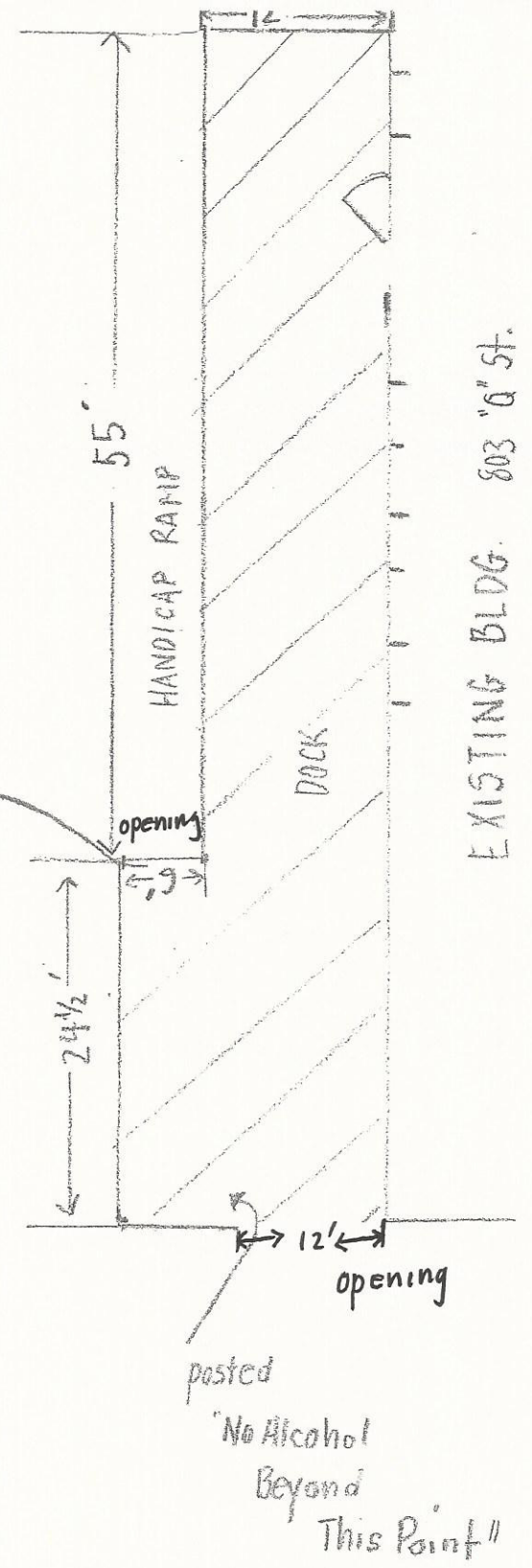
[illegible]



* proposed area to be licensed

* fence goes around entire dock area, with exception of entries where "No Alcohol Beyond This Point" signs will be posted

Posted "No Alcohol Beyond This Point"



JUNE 10, 2014

JAMES ARTHUR VINEYARDS
2001 W RAYMOND RD
RAYMOND NE 68428

NOTICE OF HEARING ON LIQUOR APPLICATION

**APPLICANT OR DESIGNATED REPRESENTATIVE
IS REQUIRED TO ATTEND THIS HEARING.**

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on Mon., the 23rd day of June, 2014 at 3:00 p.m., for the following applications of:

JAMES ARTHUR VINEYARDS DBA JAMES ARTHUR VINEYARDS TASTING ROOM
FOR AN OUTDOOR SDL ON JULY 11TH FROM 10A - 9P, JULY 12TH FROM 9A-9P &
JULY 13TH FROM 12P-6P

***Please note: Even if you have had this event in the past, you are still required to attend this meeting.**

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SINCERELY,

TERESA J. MEIER
CITY CLERK